July 1883

COOPER SAMPSON, SURGEON,

At EAST-BOURNE, in SUSSEX,

Gratitude for Favors & particularly for five Guineas paid to Mrs. Moore & Charles Laine apr. ~~Mrs.~~ has for the last Seven Years, promised me this Book & which has only this year 1784 come into my hands, and is ready to be delivered to his Heirs at Law if demanded as the Doctor is not found either in Mind or Body.

Witness my hand

Sept. 1784 J. Thorpe

A Treatice

On

The Operations of

Surgery

As they are now Performed

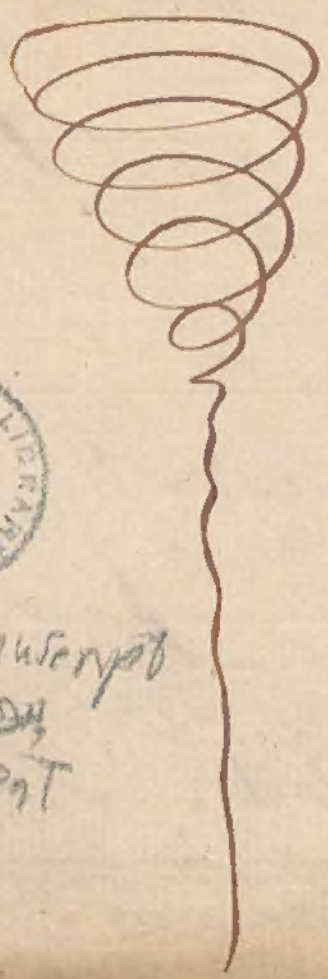
in

St. Thomas's Hospital

by C S

1754

A Common Place Book For 1739



Mr Watsons Lectures in Surgery Cost 5:5:0

Chirurgeons Art is one of the most Ancient Arts, & the Opera-tions in Surgery are a kind of necessary Cruelty, & Pain given to the Patient, in order, either to Remove some Disorder or Save his Life, and is performed Principally by the dexterity of the Surgeons Hand, with the help of the Instruments and proper Application, Surgery is at Prest arrived to a very great degree of Perfection, especially here in England, and this is owing Almost intirely to our Exact knowledge in the Structure of the Body

In order to make a good Surgeon it's necessary he should be a Man of good Understanding and Temper, he should have a Steady Hand, and be of a cool, Sober, and Compassionate disposition, before a Surgeon Operates, he should Consider the Condition of the Patient, his habit of Body, & nature Situation of the large Vessels, and Nerves, Especially the Arteries of the Part, he is going to Operate on;

He should provide ag.st any Accid.t that may happen in the Operation, and above all things to go Coolly to work, it is Also necessary to use some precaution in letting the Patient know the Danger he's in of undergoing of the Operation, & the dang with which it may be attended, the Operation must never be performd without the Patients Consent, The Instruments Should be kept from the Patients Sight, nor should any preperations be made before him, because these are Apt to Strike the Patient with great Terror and make him more averse to the Operation, as for the Time in which it is to be Performed, where the Accident is Violent, & the Operation is Judged necessary, it is best to perform it immediately as in Gun Shot Wounds fractures. &c. &c: &c as to the Time of the year that is not regarded, but where we can choose our Time, the Spring is certainly the best

as Much Skin should be saved as possible in all Operations, wch will greatly Ad. to the quicknes of the Cure

are this is one of the principle Improvements among the Moderns

Its now Necessary to consider the Manner in which a Fresh Wound heals, & the different Sutures used in Order to assist that Intention.

Of a Simple Wound

When a wound is made by a Sharp Instrument the Small Vessels which are divided, Immediately Bleed, and continue some time, but at length the Blood Coagulating in the Ends of the divided Vessels, Stop the Hemorrhage in a day or two, after the Lips of the W^d is moistend with a Thin Aqueous fluid wch is nothing but the Serous part of the Coagulated blood a pulsation is left about the wound caused by the Small Arteries of the part Endeavouring to remove the Coagulated Blood, which obstructs their Ends. By This means the Lips of the wound Swell and grow Painfull, and a considerable degree of heat is generated, by this a white uniforme Matter is made of the Coagulated Blood, and broken Ends of the Vessels, Called by Surgeons Pus this State of the Wound is Called Digestion

Then there Shoots out of the Sides and bottom of the wound, fresh new granulations of Flesh this State of the Wound is Called Incarnation or Incarnation

After these have fild up the Cavity of the wound the Skin begins to Stretch over the Surface of it and when that resists any further distention a Thin white filmy Substance cover the remain wound, & forms the Scar; this is called Cicatrization.

But two Surfaces of flesh Cut with a Sharp Instrument will Astonmite with what is called the first Intention (VB) without going the different Stages Above mentioned, & it is for this purpose the Suture are made use off,

The Sutures are of use in wounds made by in the direction of the Fibres of a Muscle,

There are Several kinds of Sutures those in use now are the Interrupted the Quilted, the twisted, & Uninterrupted, or Glovers Stich or Suture, together with what is Called the Dry Suture;

The Method of performing the Interrupted Suture is as follows

You pass the Needle at a proper Distance, in Proportion to the Size ✗ & depth of the wound, from the Edge down to the bottom, & through the other Side, at the same Distance, then cut of the Thread at a Convenient Length, & repeat this as often as you think necessary, then Tie the Threads beginning first at the Middle, Observing Always to tie the Knot at the Upper Edge of the Wound, The Needles for this Work are the Common Crooked ones - and the Ligature may be made of any kind of Thread or Silk, when the wound is very deep take great Care that you carry the Needle to the bottom and when the Wound is Triangular ~~beb~~ begin first to Tie the ligature at the Point

The Dry Suture is no more than a Piece of Sticking plaster cut in the Manner of an 18 tooth tailed Bandage putting Small Ligatures to the Ends of those Tails and so tying them

The Twill'd Suture is most proper to be used in Deep wounds and may sometimes be used in Contused ones, Especially those of the Face, to Prevent deformity, it is first performed by Making the Interrupted Suture with a double Ligature lying a small role of Plaster or a Lint on each side of the Wound

The Other Sutures will be discribed in the Operatn. where they are particularly Used

The Wounds in which Sutures are Improper are in general all Contused wounds & lacerated wds. Nor should the Suture be applyd to wounds made with Glass, as there will often remain small Particles of the Glass in the Wound wch would cause Abscesses

The Suture is also Improper in Wounds where their is loss of Substance or where their

is an Extraneous body lodged in the Wound

Before you apply any of the Sutures great Care should be taken to wash of any Dirt Coagulated Blood or any other Extraneous body Lodged in the Wound, and it would be very proper to moisten the Knots of the Ligatures with Oil to prevent their becoming hard

Now follows the Operations

Fistula Lachrymalis

The Fistula Lachrymalis is a disorder owing at first to an Obstruction of those Glands leading from the Eyes to the Nose by which the Tears are carried off soon after this Matter is formed in Lachrym: Sack and an Obstruction in the Ductus ad Nasum being produced hinders that Matter from flowing out of the Sack & it is in Order to Break through this Obstruction that the Operation is performed

The Operation

The Operation

Haveing an Assistant to draw the Eyelids straight
Take a Small knife, & introducing the Point of it
Above the Inner Canthus of the Eye & then
Slide it down ward takeing care not to Divide
the Junction of the Two Eyelids, but no bad Knowg
-ness will insue (its Imagind) from dividing the
Tendon of the Orbicular Muscle, the Surgeon is then
to introduce the point of his Knife into the Sack &
lay it open its whole length, then let the bag
be filled with dry Lint and when it is Dressed
afterwards Introduce a Probe or a Bougie through
the Duct into the Nose and to take great Care that
this is kept Open during the Cure in Order that
the Tears may pass again through it into the Nose
It is best to have the Duct full where you
Operate in Order to this Apply a Slip of Sticking
Plaster Across ye Eyelids & Juncta Lachrymalis
to prevent any of the Matter discharging itself
for some hours before the Operation is begun
When the Ductus ad Nasum is totaly Obstruc
ted and you cannot break through it it will

be necessary to make an Artificial Opening from the Sack into the Nose ~~with the point of a small Trocar indoing which~~ that is best done by making a puncture through the Os Unguis into the Nose with the point of a small Trocar indoing which very little force is required and this much preferable than making one by the Cautery, this Artificial Opening will be best kept open by a bit of Bougies small Silver Canula or some such thing in the Opening for some Time (Vb.t 3 weeks or a month) The Cure of this Abscess in the Sack has often been attempted by means of Compression for which purpose a particular Instrument has been Invented but it is seldom found to Succeed

Of Scarifying and Tying the Tonsils

The Tonsils are Subject to an Inflamation and are sometimes Extroomly troubloome so as to prevent deglutition and Breathing in some Measures the best Method in this case will be first to bleed and then give Cooling Purges, but the best Method is of drawing Blood will be by Scarifying the Gland itself for this purpose there is a very Convenient Instrument Invented by wch we can puncture or Scarifie them without any danger of Cutting the Parts thereabout but this Method should be Imploied in such Inflamation when the Glands are partly Mortified or Putrified & have a Crusty Coat or Scarf on their Surfice for in Such a case Cordialls & Nourishing diet will be comd Necessary & the Cure depends on Increasing the Circulation but when the Tonsils becomes Schirri or so Larg

as

as to produce great danger of Suffocat^n
They used to be Extirpated by Incision
but that is now laid aside as the Hem
=orrhage succeeding it sometimes carried
off the Patient the present method of Opera
=ting for the Extirpation of the Tonsils is by
the Ligature and in doing of which you are
first to Introduce the End of a Probe with
a Thread tied to it into the Back part of the
Mouth and to get it around the Basis
of the Tumor & then Tie a Knot but as
you cannot Introduce your finger to tie
the Knot close there is a particular Contrivance
it is an Iron Bar with a Ring at one End
of it into which we put one End of the
Thread & then push the Instrument back

behind the Gland & at the same Time
Drawing the other End forward which is
fastened to the Sprobe thus you may tie
the Knot as light as you ~~please~~ please
but when the Bassis of the Gland is very
Broad it cannot be tied in this Manner —
but in Order to tie it you must Pass your
with a Double Ligature in it through the
Bassis of the Gland and afterwards take up
the threads by a little hook at the Back ~~part~~ side
of the Gland there is a particular needle
& double Hook & the ligature should be of
Different Coloured Threads to distinguish
them the better. in this Manner we may
Tie away any of those Tumors called Piles
when they are very large & Painfull —

Of Bronchotomy

This Operation is not very Dangerous of its Self but as the Parts ~~are~~ Cut are very Vascular their is great danger of Suffocation from some blood getting down the Trachea This Operation is never performed but in Violent Inflammations of the Larynx Pharynx & parts About the Throat which Obstruct ye Ingress of the Air into the Lungs which is Absolutely necessary for the Life of the Patient it has been performed by Puncturing the Trachea with a Trocar & Canula in the same Manner as in Tapping, but it is Impossible to know Exactly what depth to Introduce the Trocar & the Method mostly practis'd now

is

is first to make a pritty prod wound — Longitudinally upon the Middle and Upper part of the Trachea next the clavicle, having mad the wound down to the Trachea you are then to fool for the Cartilaginous & Membranous Portion & then make a Small Transverse Wd into the Trachea in the Membranous — Protion between the First & Second Rings of the Trachea; then Immediately Introduce a small Silver Canula which is to be Secured by a Ligature & this must be kept In till the Inflammation is gone, it will not be Amiss to put a piece of Gauze over the Mouth of the Canula in order to prevent any dirt getting down into the Trachea

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A Steatomous Tumor in the Shoulder

April: 20th 1761, Mr. Warner Surgeon at Guys Extirpated a Steatomous Tum in the Shoulder he Dissected it out & the Scapula was left bare there being but little Hemorrhage a little Lint & flour was Applied over it Common Dressings & Bandage This was sent Me from London by Mr. Hubback

Of the Wry Neck

The wry Neck is owing to a preternatural Contraction of the Sterno Mastoidaus Muscle and that Side to which

The old Method of Operating in this case was to Introduce the Probe Razor under the Muscle & so cut it through upwards but in doing this it very often happens that the great Vessels of the Neck are very often divided

In Order to ommidiate this begin the Incision at the lower part of the Contracted Muscle a little way from its Insertion into the Clavicle, then cutting carefully down through the Substance of the Muscle with a Knife by this means you avoid all danger of ~~cutting~~ wounding the great Vessels either the Carotid artere or Jugular Veins, & you have the Opertunity

of Operating in Sight. the parts are Afterwards to be kept in a propper Situation by a Bandage which will hold the Head Erect, and even in Recent Cases where the bones are disposed to become Distorted or are Preternaturally form'd that kind of bandage will be of great Service, the wound must be left to heal up by Incarnation & not by the first Intention —

Amputation in General.

Amputation is often necessary after the Operation for the division or in consequence of a Mortification but we should never in this have Operated till the Mortification is stopt, which may often be done in giving the Cortex frequently with Radesp: Ving: Ther: And: Cancer Cordiacal &c: but Above all the Bark see Douglas on Mortifications.

The Operation is Also performed in case of carious Bones or in the Joint of a Limb and in these cases the Operation should be performed altho the patient should be very much Reduced by the Complaint, Compound fractures often requires Amputation

After Amputations in Scorbutic Habits the Stumps frequently on a bad Appearance and there is a thin sloughy discharge in which cases large doses of the Cortex Peru have been given with Success, we should Always Observe to keep the Skin & Flesh close to the Bone by a proper Bandage, the Cross Stich or Slips of plaster is not approved off now, tho I cant say but I like it, & Always use it, some times an Artery has not been well secured will Bleed.

and which may be often known to come on if the Patient complains of a violent Pain and Pulsation in this Case we are directed to Venesectio & Evacuate or Stop the great Action of the Vessels by Opiates The Ends of the Arteries sometimes Dilates & Borrow a kind of Aneurism in which Case you must dilate the parts and lay the Artery bare and tie it above the Dilatation but sometimes the Stump Mortifies and the Patient Dies after all our Care, &c.

Sept. 28 1764

Mr. Warner Surgeon at Guys Amputated a Leg in the Usual Manner, but the Stump was Applied to Stop the Hemorrhage it being cut into Some Pieces & kept on the Mouths of the Vessels by a Strong compress it seemed to bleed a little, but Stopt after the Patient was laid in bed and had taken an Opiate

This was Communicated to me by Mr. Hubbard of St. Thomas's hospital

Amp.: of the Shoulder Joint.

This is sometimes necessary after a Gun Shot wd. Carried in the Joint or in Case where the Mortification has extended up as high as the Shoulder Joint &c.

The great Danger in this Operation is that we cannot Command the Blood not be able to Apply the Tourniquet but in Order to lessen it an Assistant presses upon the Artery just under the Clavicula then begin the Operation by making an Incision carefully through the Skin on the Inside of the Arm & Arm Plate, and having discovered the Group of Large Vessels you pass a Large Needle with a Strong Ligature under them and tie them all up strongly together having Done this we cut through them downe to the Bone a little below the Ligature & then Dissect the flesh of the Bone up to the head of it & cut into the Capsula of the Joint an Assistant at the same time Pushing the Bone out at the Socket, by bending the Arm outwards & downwards, when you have got the Head of the Bone out Dissect the flesh from a little way, then cut immediately through.

Having got the Arm from the body take up any Vessels as may bleed much then dressing the Wounds & apply a proper Bandage &c: &c

It is thought this Manner of Operating is preferrable to that which is done by cutting a Flap out of the Bulbous Muscle.

Mr. Bromfield who has performed this Operation 3 times more than any Surgeon in England Intends to perform it always in this Manner for the Future.

N.B.:
Upon the whole it is a very Terrible Operation for the Patient, & a very Tedious one for the Surgeon.

[illegible] Samuel Wood a Miller was brought [illegible] Thomas [illegible] under the care of [illegible] Master [illegible] found the whole stomach [illegible] with the [illegible] [illegible] Wasting [illegible] the Bolts [illegible] for indeed [illegible] out of the [illegible] who very carefully [illegible] dressed it [illegible] every thing and found no Blood [illegible] the Bowels for some [illegible] without [illegible]

This accident was occasioned by [illegible]

Amp.n of the Arm & Leg

The first Thing to be done in these Amputations is to Apply the Tourniquet upon the principle Artery the Skin of the Arm or Leg is to be drawn Upwards by an Assistant. then put a piece of Tape Round the part where you intend to make your Incision as a Guide to your Knife, remember to let the Upper Edge be your guide because if you cut by the lower edge, the Tape will remain upon the Edge of the Stump & you will be obliged to cut it through before you make your Second Incision, the first Incision is made round the Limb quite through the Skin and all Away into the Muscles having don this you divide the Assistant to Draw up the Skin as far as he can, You are to carry your Next Incision quite down to the Bone beginning quite close to the Skin & scrape of the Periosteum Then take the Saw & Cut through the Bone, & Immediately take up the Large Vessels

In amp.t of the Fore Arm you must Divide the flesh between the Bones with the Catlin or with the point of the Amputating Knife. the Saw must Neare be Applyd so as to Saw both bones at Once The Same is to be Observed in Amputating below the Knee

Its best for the Operator to stand at the Inside of Limb in performing Amputation below Knee
Tho this may not be observed in Taking off the forearm Tho I like it best, but everyone as they like
When the fore Arm is to be Amputated it is best done when the arm is kept in the Middle position between Pronation & supination because then the bones are parallel to each other and should be sawed in that direction: it is thought a third Incision might be made with advantage in Amputation of the Thygh but Doctor Hunter proposes that the first Incision should be carried down pretty Deep & then the Skin and flesh to be forcibly drawn up —

Amp.n of Fingers & Toes

Fingers and Toes are best taken off at their Articulations and doing which as much Skin should be saved as possible.

When we perform the Operation we should order the Assistant to keep the Fingers on each side and far distant as they can that the Surgeon may not be impeded in the Operation. This will be best done by Lapping a Piece of Tape round each of the Fingers &c and drawing them all Ways to one Side, we a then to Cut close to the diseased finger down to the Joint. The Bones will then Immediately Separate from each other and Drawing the Knife through the Joint you finish the Operation.

Arteriotomy

The manner of performing

The Hair being shaved off, the little Arteries crossing the Temporal Muscle are to be washed with a Sponge dipped in warm water, and the patients Neck is to be bound with a Napkin round the Neck we his head also is to be put into a declining Posit. that the Tumefied Arteries may Appear Plainer wh are then to Be Opend with the Lancet Transverely; that the blood may flow out freely; But if their should be reason to suspect a future Aneurism you must cut the Aponeurosis that is drawn under the Skin & by being corrugated ~~blood~~ the flux of Blood may be stopped

Amp.n of the Metacarp.s & Metatarsus

In performing this Operation you are to Cut down on each side of the Diseased Bone then Cut through the Tendons running on the fore and Back part of the bone we are then to Saw bones through with the Metacarpal Saw, & Apply Dressings on the Edge of the Wound and bring the two surfaces close together by a proper bandage & they will often Unite by the First Intention

Method of Extracting

The patient being laid in a proper position, the operator with a [illegible] knife, [illegible] into the tongue, with its point towards the [illegible] till it meets with resistance, and then [illegible] the Perpendicular, and then [illegible] forwards towards the [illegible] with the [illegible] gently down towards the [illegible] and then upwards into the [illegible]

The [illegible] must be chosen according to the Size & Shape of the Tongue.

It is much Easier Introduced through the Mouth of the Female Sex, which is much thinner, wider and more [illegible].

If the [illegible] of the Tongue should resist, the [illegible] hook from the Back of the Throat, or Palate [illegible] it must be forcibly dragged down with the [illegible] & this [illegible] again through the Point of the Forceps till it [illegible] the Tongue. You must [illegible] the Screw of it into Such [illegible] to the Tongue. The [illegible] Tongue [illegible] a Ligature of [illegible] may be [illegible] off by passing with the Ligature of the Forceps —

Later

Lithotomy

(The Lateral Operation)

Before we proceed to cut for the Stone we must be very certain that there is one in the Bladder which is known by Searching we should not only feel the Stone with the Sound, but hear it also by striking the Instrument against it. then having Prepared him Two or three Days before; we then Proceed to perform the Operation in the following

Manner

The Patient being placed on a Table of a convenient ~~height~~ height his hands and feet are to be tied together he is then to be laid on his Back with his Head and Body a little raised by Pillows, the Assistants are to hold his Legs from each other, then the Staff being passed direct it a little to one Side of the Perinaeum the Staff is to be held in this direction by an Assistant & you are to make a free External Wound Obliquely from the Scrotum to the protuberance of the Ischium then feeling the Staff you are to Cut carefully down to it, and carrying the point of the Knife into the groove of the Staff make a pritty free Wound

you

you are next to take the Gorget and place the Beak of it in the groove of the Staff at the same time taking the Staff in your other hand. then push the Gorget into the Bladder, drawing the Staff out at the same time having done this place in the Forceps upon the Gorget, and feel for the Stone with the Blade of the forceps Shut, when you feel the Stone, open your forceps and take hold of the Stone, & gradually endeavour to Extract it. If you find the Blades of the Forceps are ~~not~~ at a considerable distance from each other, let the Stone go, and endeavour to take hold of it in a more favourable direction, if the Stone should Break to Pieces (as it will sometimes) or if any gravil sould remain in the Bladder, it may be taken out with a Scoop Instrument, after feeling with your finger to know whare there are any more Stones in the Bladder The Wound is to be droped Superficially, the patient Put to bed and every precaution used to prevent the Inflammation rising too high

The most favourable Circumstance after the Operation is part of the Urine coming through the Urethra

Of Castration

When I perform this Operation I make a Longitudineal Incision through the Skin upon the Spermatic Chord above the Tumor, and carrying up on the fore Part of the Tumor quite down to the Scrotum. Now having laid bare the Tunica Vaginalis the rest of the Operation is only dissect the Testicle included in the Tunica quite loose from the Scrotum if any Vessels of the Scrotum should bleed very freely they could be taken up a ligature made upon the Spermatic Artery above by passing a Needle through the Chord and under the Vas differens, for by thus seperating that Vessel from the ligature a great deal of Pain is thought to be avoided after this Cut the Chord through below the ligature and fill up the wound with dry lint & over it a pledget of digest.

Nb thought their is no necessity in making ligature on the Spermat. Chord neither is it proper to make a suture upon the Wound in the Scrotum because the matter will be lodged in the bottom of the Wound and Sinus's will be formed But I saw Mr. Warner Seergeon of Guys use it with Success.

Same advise that no part of the Scrotum

Should

should be taken away unless it be diseased for though it may appear very large at 1st yet it gradually contracts & is seldom found to be inconvenient

Couching the Cataract

Knife

Pass the Couching ~~Knife~~ into the Cornea just Above the Ligament Ciliare, and thrust it on through the other Side of the Cornea then Cut Through that Part of the Cornea and rising up the Flap put the point of your Knife down Through the pupil Puncture the Capsule of the Crystalline Lens, then gently press the Eye and the Crystaline humour will Immediately fall out; then cover up the Eye, great Care should be taken not to press the Eye too roughly least the Vitreous Humour should come out

Couching

The Catarract is now generally supposed to be owing to an Opacity on the Crystaline Lens which may be brought on by different Causes and the pupil will then appear of different Colours Mr. Watson thinks the Operation may be performed in all such Cases as where the Patient can distinguish Colours or the rays of light for the Crystalline humor is seldom so very opaque as not to admit of some Rays of light which Case ~~when~~ where the light can not be distinguished at all is thought to be a disease of the Optic Nerve & not fit for the Operation, he thinks the Operation may be Performed where the Iris or pupil does not contract & dilate freely for it often happens that the Capsula of the Crystalline humor Adheres to the Iris

There is two Methods of Performing this Operation the One wch was the ~~Old~~ One is to displace the Crystalline Lens the other to Evacuate it quite out of the Eye

The Old way is

Thus — In

In performing this Operation you must Introduce your Needle with one Edge of it upwards, just behind the border of the White-part of the Eye, then bringing it forwards, turn the Needle and endeavour to press the Crystalline Lens from its natural Situation into the bottom of the Eye, then withdraw the Needle & drop the part with Ung.t Alb: or some of it beat up with the Yolk of an Egg

Of the Hare Lip

The Hare lip is that preternatural formation of the lip wch resembles the lip of a Hare, it may likewise be Caused by Accidents as Wounds Bruises &c and it sometimes happens the Jaw is Malformed & then the projecting part of it may be taken off with a pair of Nippers and in a Day or two afterwards we may perform the Operation, but before we begin if the Patient is not very Weak and low it is always best to Bled him and give a gentle purgative then if you think the Operation will relieve the deformity it is to be performed in the Follow Manner

You are first to divide the Gum ~~in the~~ or Under part of the Lip from the Gum or Jaw & removing any part of ye Jaw wch may project you are with a sharp pair of Sizors to Cut off the Callous Edges of the Fissure making it a kind of Triangular figure, after this you are to Pass one or two Small Silver pins with Steel Points

38

Points about a quarter of an Inch from the wounded Lips and pass them not quite through the Lip but only through the Middle Substance of the Lip and so through the other Lip in the same manner, having thus passed one or two Pins in proportion to the wound take A pritty strong Ligature or Drawing the lips of the wound Close together twist the Ligature round the Ends of the pins thus ∞ In order to keep them in that situation These Pins may be left in 48 hours or more. then draw them out and Dress the Lips of the Wounded which will now Adhere, quite superficially this Kind of Suture is called the twisted Suture used only in this Operation

N: B:

This is an Operation easily performed and generally Succeeds

A Case of
Compound Skull Fracture

The Remarkable Success Puts me in Mind of an Extraordinary Operation I saw performed by my Master Mr. Jas. Toms whilst I was his Scholar at St. Thos. Hospital, upon a Soldier that had the Dexterity or the Bone of the Crown of the Head which is very large and easily joined to the anterior Bones, by reason of a Curved Occasioned (by the Sudes Generae) in the Volume of the Skull. Mr. Toms raised up the Tegaments, and Pericranium of that Side of the Head, and took away with his instrument the Whole Bone of the Crown, and left all the Brain naked only with the Tegaments on it, in that Case

I was highly surprised, to see the Fellow undergo all this with so little Concern as he seemed, he having had no Symptoms, or any Inconvenience succeeded save only he could not lie upon this side, for fear of pressing too hard upon the Coverings of Brain, Against the Bone. He made no remark with regard to a Think neither can in the Head can be Mortal unless there follow too much Effusion of Blood or too great a Pressure upon the Brain; that consequently it was no Wonder his Man should live, having had neither of these two Symptoms after the Operation, It gave me likewise Room to think & believe, that most Other Wounds are only Mortal by Reason of the two great Loss of Blood, or a violent Pain which raises too great a Fever —

Of

Of Trepanning

By Trepanning is understood the making an Open
ing through the Bones of the ~~Head~~ Skull &c
The Instrument now generally used for this Operation
is the Trepan

Trepanning is not a very difficult Operation
but the greatest Dificulty is to know when to perform
it, Fractures caused by Blows, are more likely to do
well than those punctated, because in the former
there is very seldom a Concussion of the Brain &c
large Fractures where bone is much broken by Blows
&c are in general not so dangerous as small Ones
because the Bone when Broken much the Volume
of the Blood is not so much Communicated to the brain

Fractures which run deep in the bones of
the Skull are generally Attended with a Bleeding
at the Ears and Nose, tho this most commonly happens ~~only~~
when the Upper part of the Skull is Fractured

If the Bone is broken to Pieces and you can remove the broken Parts there will seldom be Occasion to Apply the Trepan, when there is a small Crack in the Bone it's called a fissure, and this often turns out Worse than a Fracture, because no Violent Symptoms will come Immediately on, but a Small quantity of Blood being Extravasated & lodging on the Dura ~~and the~~ Mater Accumulates and ~~[illegible]~~ compresses the Brain and produces the worst of Symptoms, if the Violent Symptoms should come on Immediately and no Fracture can be found it is then a Compression of the Brain and a Rupture of some of the small Vessels.

A Depression of the ~~Brain~~ cranium can not happen in Adults without a Fracture but it may happen in Children where the Bone is very soft & this often does well without the Operation —

Fractures of the Cranium are not worse than Fractures of any of the other bones, if the Brain is not hurt or compressed In Violent Concussion ~~[illegible]~~ of the Brain we Trust Principally to Evacuation but if After this the Symptoms still Appear

this

Then the Trepan may be applyed with success even tho their should be no Fracture

In Concussions of the brain bad Symptoms generally come on Immediately, but it sometimes happens that these Symptoms do not come on for some Days after the Accident was received which then attack the patient very suddenly and this is generally done by a Formation of Matter on the Brain or an Extravasation of Blood.

If their should be no W^d on the part where the bone is Fractured, we must Judge by the sensation of Pain given the patient upon pressing any Particular part of the Head, and then apply the Trepphine upon or near that part, but when it is found necessary to Trepan & their is no fracture we may apply it on the part we think most Convenient, but suppose their is a Fracture we are to Raise the scalp in that part to discover & trace to the extent of it, if it can be done with Saftey, if any Vessels should be Troublesome tye them up in doing of which it will be best to make the Knot at the out side of the scalp &c

In Scalping the Patient where we are not certain there is a Fracture we should only make an Incision because if no Fracture is found the Wound soon Unite

The Trepan may be Applyd to a part of the Fisure but when the Bone is Broken much or depressed the Trepan ought to be Applyd a little from the Edges of the Fracture

It's sometimes necessary to Apply the Trepan more than Once, in short it has been Applyed 6 or 7 times before any relief has been procured

The Operation

Having Scalpd the Patient and Discovered the Fractures, fix upon the Part of w.ch you Intend ~~perforate~~ to Trepan you are then to perforate the Bone with a perforator after wards take the Trepthine and Apply the Pin Fixt in the perforation and begin to work with it by turning the Instrument half Round having thus sawed a little way into the Bone sufficient to keep the Saw Steady you are then to take out the Pin and Apply the Trepthine Again working it very gradually after taking it out to Examine how far

15

how far you have gone & wether you have Saw'd
equally, you must likewise frequently clean
the Teeth of the Saw with a Brush for that purpose
and remove the Dust of the bone out of the groove
with a tooth pick or blunt probe, you are to proceed
in this manner very carefully till you have
got through the Cranium then take the forceps
and remove the Piece of Bone if there should
be any irregularities or rough Edges of the
Skull left it's to be removed by the Lenticular
or taking care always to press the Button
close upon the Inner Surface of the Cranium & beware
least you press upon the Brain After removing
any blood or Matter, if it is a Fracture with
Depression you are to Raise it with the Levator
but if this cannot be done with one Opening
you are then to repeat the Operation on the Other
Side, having proceeded so far we are next
to examine the Dura Mater and if it looks
flabby or discoloured and you have reason
to think their is any fluid extravasated under it
you must Open it with the point of a Lancet
which

Which ought to be done Obliquely upwards & backwards because the Vessels runs in that Direction & consequently these Vessels will be wounded if you cut afrosh, care must be taken in puncturing the Dura mater least you should wound the Pia Mater at the same time
But supposing the Dura Mater to be sound the surface of it may be gently washed with some warm water & a little red wine in it and the wound fill up with dry Lint over which may be applyed a Pledget

Some practitioners prefer a Handkerchief as it may be easyly applyed without disturbing the patient, this ought to be considered, because disturbing the patient much in this case may bring on bad symptoms
The wound will fill up with Granulations which rise from the Bone & Dura Mater & sometimes the Granulations from the Dura Mater especially when it has been opend shoot out very luxuriantly & prove very troublesome, the best way will be hear at first to keep them down

58 with mild Escharotics the use of which will be attended with no bad Consequences

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Case of an Exfoliated Jaw

Cetherew writes he saw a Girl of 12 years of Age whose neither Jaw, the Surgeon thought it Dubious, wholly Exfoliated it, was with a Flesh grown to so hard a Cartilaginous Substance that she made use of it to chew her Meat for her livelihood with it —

Bottallot

Bottallot tells us of one troubled with a difficulty of Breath, Occasioned by a Tumor Arising in the Basis of the nether Jaw, upon Examination the was found a hardness, which had Something being Opened there was taken thence two Stones one of which was as big as a Walnut & the other bigger, which being Extracted the Patient soon Recovered, & the W. was healed up with Barley water & Mild Remedies —

Of the high Operation for the Stone

The bladder must be distended either w/ the Urine or some Aqueous fluid in Order to make it Project Above the Pubis then you are to cut down on the Middle of the Lower part of the Recti Muscles just Above the Pubis this first Incision is to be carried through the Skin then we must cut carefully down to the Bladder but not into it, after this we are to lay the Finger on the Lower Part of the Bladder Exposed by the wound & upon that the Knife Push into the Bladder the Finger & securing it from falling down hold up the wound of the Bladder with the finger Introduce the Forceps & Extract the stone which comes out much easeyer this way than by the Lateral Operation this Operation may be performed with Success where the Bladder is Large & can be distended so as to Project pritty high Above the Pubis, but it should never be performed when the bladder is Small

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An Amputating the Penis

This Operation only consists in cutting through the Penis at once with a Knife taking care to draw Back the Skin, and sometimes you will find it Necessary to take one or two small Arteries running on the Dorsum penis & during the Cure it is Absolutely necessary to wear a Silver Canula in the Urethra.. other wise the latter Granulations will shoot over the Urethra and shut up or Obstruct the Urinary Passage

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Of the Uvula

When the Uvula is much relaxed as to fall down upon the Tongue & becomes very troublesome & cannot be remedied by astringent Applycations, the lower part of it may be Cut off with a pair of Uvula Scissors & if the Uvula should be distended it may be cauterized or punctured with a Lancet

Lithotomy

April 19th 1764

Mr Baker Surgeon at Saint Thomas's Hospital Extracted a Stone from the Bladder of a Woman which was Done in the Following Manner —

she being placed on her back with her Hipes Elevated and Kept at a Distance by Two Assistants her hands and feet bound as in Lithotomy Mr Baker introduced the Sound, & being satisfied there was a Stone punched the Blunt Gorget through the Urethra into the Bladder & feeling the Stone with the End of it, he introduced the forceps then withdrew the Gorget and Extracted the Stone.

This was Communicated to me by Dr Hulbrick Mr Bakers Pupil.

Of the Stone

The Stone or Calcareous Concretions are separated from the blood in which there is always more or less of a Cretaceous matter and any of these particles separated by any secretory Organs with the secreted Urine sometimes separate from the fluid attract them & thus the Gravel or Stone begins to be formed, the Stone also may be formed in other parts of the body as the Lungs Joints Kidneys &c Bladder a piece of Gravel once formed becomes the Nucleus which attracts other Stony particles & they are generally collected in Scales or layers or a firm matter but sometimes a small number of Stones will be connected together that kind of Stone called the Mulberry Stone, it is supposed the Stone is a Constitutional Disease not owing to any particular kind of food but that the calcareous matter is always in the blood and would always separate & form Gravel or Stone if the fluid containing it was allowed to deposite it by subsiding and for this reason we daily find that people who have been long confined & lying upon their Backs, Especially in

In gouty Complaints were there seems to be a Redundancy of this heterogeneous matter are subject to the stone and so are children — especially those of poor people who have not prosper care taken of them but left to lie upon their backs, during which time the matter has time to separate or subside from the stone in the Bladder, any Cretaceous substance introduced into the body will attract this ~~[illegible]~~ cretaceous matter and be the nucleus for a stone, If the stone attracted, has a smooth polished surface, it is pretty certain indication of there being others there, but the rough surface is no indication of there being no more in the bladder. I do dissolvent of the stone has not yet found out to cure the Complaints, but most of those that have been invented act only as a Diuretick & thus a soft sandy stone will be washed down, but it is hardly possible that these hard stones, which are sometimes found in the bladder can be Dissolved

J. K.

6 A

The Stone will sometimes make its way through the Inner Coat of the Bladder & form a sack in the Exterior Coat & there will give little or no pain This was the Case of the Person on whom Mr. Stovey's Medicine was tried on

The Stone when hard seems to be unremovable Unless it is taken out of the Bladder by the Operation as directed Page: 29

It is impossible to know the Size of the Stone when in the Bladder, but it generally increases in Size in proportion to the time the Patient has been Troubled with it

This Operation is very Antient for Hippocrates Mentions it & Celsus describes the Method of Cutting on the Gripes after which the Operation with the great Apparatus came into Practice soon after which the Lateral Method of Operating was introduced, into Practice which is now followed by Almost All Operators in Europe There is a Mother way sometimes tho rarely imploy'd which is pulling into the fundus o the Bladder and this is the High way of Operating

Of the Suppression of Urine & the Introduction of the Catheter

The bladder and all the other membranous parts are capable of being Dilated to a very great degree if gradually distended the Urine may be detained in the Bladder by Obstructions Carunckles or Strictures of the Urethra or enlargement of the prostrate gland or from an Inflammation of the parts about the Neck of the Bladder the Cure is to be accomplished by passing a Bougie or in case of Inflamation by bleeding & Antiphlogistic Medicines and when these fail of success Opium given with Glysters will often relax the parts so much as to allow a passage to the Urine, the Bladder when distended may be easily felt when the abdominal muscles are relaxed it may happen that the Kidnies do not perform their office & no Urine is seperated but then consequently the Bladder will not be distended you may know when the prostrate Gland is Enlarged By Introducing your finger into the Rectum but when we are to Draw of the Urine by means of

64

of the Catheter we should press it very gently and when we have carried the Instrumt down as far as we can we then give it a Gentle Turn and press it down & it will then slip into the Bladder. the Catheter will sometimes stop at the Caput Gallinaginis — if so Draw it back a little and give the Perinæum a little downward but if the Urethra is so Obstructed as neither to admit the Catheter nor any other of the Urine to pass off, it then becomes Absolutely necessary to Puncture the Bladder which is to be done just above the Os Pubis With a Trochar & Canula & after having Drawn off the Water the Canula should remain in the Wound till the Obstruction is quite removed & the Wound left to heal

56

Of the Empyema

The Operation consists in Evacuating any Fluid that may be Contained in Cavity of the Breast. The Symptoms of a Collection of Matter or any other kind of Fluid in the Cavity are generally a greater Ease on laying on one Side than the other an Uneasyness & weight on the Diaphragm in an Erect Situation & an Undulation felt in the Thorax by the Patient upon Motion but these Symptoms alone are not Sufficient to determine wether water is Collected in the Thorax of an Adult Person but in young Childrn it may be known by the Enlargemt of the Chest which in them is very Evident if the Above Symptoms are present in Adults & the Parts between the Ribs fall Memalous we may Perform the Operation & hear we Shd be very Cautious not to perform it on the Sound side for then their will be great danger & the External Air rushing in upon the Lungs hindering their Expansion on that side & the Matter preventing the same or the patient will Inevitably be Lost,

The

The Operation of the Empyema

When the Operation must be performed it must be Above the Middle of the Thorax, for if it is made lower down we are in Danger of wounding the Diaphragm & it is best done in the Middle between the Horn & Spine; we are first to make a Longitudinal Incision through the Integuments a Cross the two Middle Ribs & the intervening place, having thus Carefully divided down to the Pleura then make a Transverse Opening into the Interosial Space carefully to prevent Wounding the Lungs if they should Adhere to that Part, then by laying the patient on that Side you may Evacuate the Fluid but its best not to Evacuate the Whole at once, having don this keep the Wd. open with a Dossel of Lint to which tie a Thread in Order to prevent its Slipping into the Cavity of the Thorax and some days Evacuate the remainder of the Fluid, then dress the Wd. superficially & let it heal up

If the Lungs should Adhere to the Pleura in the part where the Operation is performed Endeavour to Brake down gently the Adhesions but if it will not Easily brake down perform the

Operation

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Operation again a little above or below the part. In making the last Incision you should observe always to make it rather on the upper ~~side~~ Edge of the lower Rib for the Intercostal Artery generally runs at the lower Edge of each Rib by observing this you will be able to avoid opening that Artery

N: B.

If after Opening one Side of the Thorax no Fluid be found its advisable not to Open the other till the First be healed for if the Air should be let into both Cavities, at the same time it will prevent the Lungs from Acting & Consequently kill your Patient.

Of a Polypus in the Nose

In recent Polypuses where the Membrane of the Nose is only Enlarged & Thickened Volatiles Snuffed up Nose have been tried with Success but if the Polypus is so large ~~as to fill~~ as to fill up the Cavity of the Nose & hangs down in the Mouth the Extirpation is to be Attempted,

The Method of Extracting a polypus in the Nose

This Operation is very easily done By gently laying hold of and gradually pulling away the polypus with a pair of forceps made for that purpose but upon the whole its a troublesome Operation and we can seldom remove the Whole of it, so that it will often times shoot out again, but how ever when we have Extracted the Whole or Part of it the Patient should hold a little styptic in his mouth & some should be applyed up the Nose the like Polypus Concretions sometimes happen in the meatus Auditorius & the Extirpation of it may be Attempted in the same manner

Of Wounds &c

Polypus is a spongy Excrescence found upon the membrane lining the Nose within by some Alteration made there some are found in other parts as in the cavities of great veins But the membrane of the nose is more productive of them because its the most spongy of the whole body & most full of Blood vessels,

when these Excrescencies appear very Red & full of Blood the Extracting them is dangerous on account of the flux of blood, wch is not easeyly stoped, some use Caustics of several sorts with good Success

Of the Method of Tapping in the Ascites

The Patient being commonly laid in a Chair must put both his Hands upon the upper Part of the Abdomen & having Pitch the Scarr Aside it cautiously through the Integuments without Danger of wounding the Intestines which Remains a Considerable Distance from the Peritoneum by the Fluid & Water in Dropsies so proper for this Operation is about two fingers breadth below the Navel on the left Side of it, but sometimes the Lower Part of the Perforator, if so it may be Punctured with a Lancet, and the Water that may Stay is discharged without any Danger of Inflamation following afterwards. If the Tube of the Trocar pipe should be stopt by any part of the Intestine or Omentum its easily remedied by Pushing it back with a little Stick.

Number to hospital Dr. prepare by an Assistant in which the Water Running off, & for the same purpose a Pomprots were must be made by Wooden Pipe Rather diplin of Vini, & Apply to the Wound a Plaister over it & y[illegible]

Of Wounds of the Abdomen

Wounds that happen in the Belly are either Superficial or penetrate into the Cavity, if Superficial it is Always Advised not to apply any Sutures or Endeavour to heal it up by the First Intention because the parts will be very much Weakened & if the Matter should insinuate itself under the Integuments so as to come to the Tendinous Expansion it would Occasion a great Deal of Mischief & wch sometimes happens under the Recti Mieseles, the Wound may be known to Penetrate the Abdomen by Examining with the probe, but to know what External Parts are hurt we must Consider the situation of the Viscera & in what position the patient was when he Received the Wound

If the Diaphragm is Wounded there will be great pain laborious Breathing & Hiccupping

In

In Wounds of the Stomach There will be Vomiting Hickupping great Pain and Some of the Aliment coming through the Wound and blood will be Discharged by the Mouth

If the Intestines are Wounded there will be Blood & chyle discharged throug the wound with Excremont & great Pain & Tension of the Belly

If the Liver is wounded it will be Known by its Situation pain & the Nature of the Discharge

If the Spleen or Pancreas is Wounded we can Only Judge from the wound

If the Kidney is Wounded there will be Blood discharged with the Urine, some of the Urine some of the Urine falling into the Abdomen will Cause a Dropsey Putrefaction &c

If any of the large Vessels are 77
wounded it may be known by the
Sudden weakness of the Patient &
Sudden Dilitation of some part all
wounds which penetrate the Abdomen
& hurt some of the Viscera genally prove
Mortal, tho' it some times happens small
wounds do well if there is no Inflamma-
tion, to avoid which is the principle
thing to be Regarded in these Cases for
which reason the patient should be
kept low and Quiet

Gastrorraphy

Is the Operation where a wound Penetrates into the Abdomen and part of the Viscera protrudes & is wounded in these cases if the Wound is not large enough to return the parts it must be Dilated & the Intestines returned if the Intestine should be distended with Air it should be prick'd & then it will more easeyly be returned

If part of the Omentum should be protruded & it Appears to be in a gangrenous State we may Cut off Almost the whole of the Mortified part & return it

Or this way may be done by Ligature A Small Wound of the Intestines may be returned without any Danger but in Case the Intestine should be ~~wounded~~ quite through we should bring the ~~two~~ two

two Ends of the divided Intestine together and hooping them in that situation This Experiment I tried on a Dog & it Succeeded in Order to do this a Cylinder of Glue is put into the Intestine and the Two Ends brought close together by makeing the Glooes suture having thus sewed the Intestines quite Round you return it into the Abdomen, then pass one of the Needles through the Lower Edge of the External Wound and the other needle through the Upper Edge at different Ends of the Wound, this is done in Order to bring the Intestines close to the Peritoneum after this you are to sew up the External Wound, by passing a Needle with one End of the Ligature in it from the Side of the wound outwards & doing the same on the other Side of the wd. in the same manner, this being done tie the Ligature After having brought the Lips of the Wound close together,

Its not necessary in the penetrating wounds to sew the Edges close together but only so as to prevent any of the Contained Parts from obtruding

H—

If the wound in the Intestine is Longitudinal
The Operation is Just the Same.
Le Dran advises the loop Suture in these Cases
but this in my humble Opinion is Inconvenient
In all these Cases great Care should be taken
that the Inflammation does not run too high
but a Moderate degree of it is Necessary & by that
means the Wounded part of the Intestine will
Adhere to the Peritoneum.

If a part of the Intestine is Mortified
it is to be cut off

It was the Method formerly to bring the
Upper End of the Intestine out through the
~~wound~~ External Wound & make an Artificial
Anus: but if this can be Avoided as it is Supposed
it may by the Method hear laid down, it
certainly Ought,

But we have had Several Just
accounts of peoples living to great Ages there-
Mr. Stonehouse at Lowes had a patient Lived
many years: Voiding the Excrements at the Navill
See the Case of Margaret White in Dr. Chessldons
Anatomy &c: &c

Of the Hernia or Rupture

And First of the Bubonocele

A Rupture was so call'd because it was
Supposed the parts through which the Viscera
protruded must have been Ruptured, but it is
found most commonly to be an Elongation
of the Peritonoeum which always makes the
Hernial Sack, the Peritonoeum is forced down
by the Contained Viscera, but when the Tumor
Appears suddenly, after some Violent Efforts it
may happen from a Rupture of the Peritonoeum
the Hernia bears different Names, According to
Its Situation as the Hernia Inguinal, Fomor
alis, Scrotalis & the Exomphalos, when the
Omentum only Protrudes it is call'd Epiplocele
It is a Matter of great consequence to know
of what Continuation the disease has been, the
Causes of the Hernias are Violent Efforts too great
a quantity of Fat in the Abdomen & too Great
length of the Mesentery

The

The Disease may be known from the Manner in which it happens the fool of the Tumor and its Sudden disapearance & again returning If the Hernia is of any considerable Standing and not reduced the parts generally Adhere and the Operation will be attended with great Danger, but if the patient says he can & has frequently Reduced it himself, then the Operation may be undertaken & if the Intestine can be reduced the wearing of a Truss or Bandage for some time will often cure the Disease ~~~~ ~~in children~~

~~A~~ Ruptures often happen to Young Children but they easily reduced & generally cured by a Truss or a convenient Bandage, proper Trusses may be had of Mr Elliott at Ditchling

Suppose the Swelling to be in the Scrotum then the Intestine must have been come down through the Opening at the Ligus Muscle along with the Spermatic ~~Cord~~ cord ~~the~~ ~~cord is generally~~

Gf

If the Hernia has been down for some time, the Sack generally adheres to the Spermatic Cord, & the cord is generally [illegible] back part of the Sack, therefore there is no danger of hurting the Spermatic Vessels in opening ~~the fore part~~ the Tumor at its fore Part, the Hernial Sack has seldom any Communication with the Vaginal Coat but Instances some few have been seen where there was a Communication made by the lower part of the Sack giving way if the Sack should be much thickened part of it may be taken away, the passage of the Intestines often ~~[illegible]~~ is very small, but afterwards dilating forms that part which is called the Sack, it sometimes happens that after a Hernia has been reduced several times & again falling down some Accident an Inflammation is brought generally attended with a Strangulation of Intestine & the Patient here will have a slight fever and a pain in his ~~Bowbells~~ bowels & the intestine cannot possibly be Reduced, the Case here will be Exceeding dangerous, in Order to take off the Inflammation & Tension we must bleed very Copiously Foment the Parts well, and

and throw up Emolient Glysters, after this we may attempt the reduction again putting the patient in a convenient Posture wch is lying on his back with his Legs raised pritty high, & if this will not do let him be suspended by the Legs with his head hanging down but we must always handle the Parts very Gently, and the Hernia will be much Easier Reduced after the patient has had some Stools, if the Tumor returns Suddenly and the bad Symptoms continue then we may be pritty sure that the Strangulation was not made by the Rings of the Muscles, but by the Peritoneum, & that the Stricture is Returned upon the Intestine & will require the Operation but if the Tumor can not be reduced and the bad Symptoms come on such as a Fever Vomiting Excrements by the mouth with Hickupping & great pain then the Operation should be Immediately performed least a Mortification should come on which may be known from the change of Colour Adomalous Cost & Coldness of the Tumor with a small weak pulse & here the patient will be in Eminent Danger, if the Omentum makes

Makes the Tumor the fool of it is pulpy 185
Flaccid & Soft, but if the Intestine & the
Tumor is Spry Tense & Uniforme the Operat
ion should be performed in the following Manner

The Operation

You are first to make a large External
Wound the whole length of the Tumor
beginning at the Opening in the Oblique
Muscles, and continue it down to the Serotum
below the Tumor having thus divided the
Integuments, you must next Carefully make
an Opening into the Sack sufficient to
Introduce the finger or a probe by wch you
are to be directed in dilating the wound
Taking care not to wound the Intestine
having done this you are next you are to
Examine the State and Condition of the Contents
of the Tumor, whether the Intestine is Morti
fied or has any Adhesion, or if there be any
other Strictures made by the Mouth of the Sack
whether it be part of the Omentum, If Mortified
or Adhereing to the Sack, in which Case you must
carefully endeavour to brake through the Adhesion
and divide the Stricture, if any part is Mortified

it should be cut off & the part secured as in Gastrography having thus carefully Examined the Contents of the Tumor if you find it quite Sound or only Inflamed you must endeavour gently to reduce it into the Abdomen but if there is still such a stricture of the Rings of the Muscles as to prevent the Reduction you are carefully to Introduce your finger or a director & to dilate them a little more & again attempt to reduce it — if notwithstanding this cannot be done dilate a little more & gently reduce the protruding part taking great care it does not return with any Strict ure upon it after having thus done dress the Wound Superficially, its thought the Cicatrix will be Stronger when the wound heals up Incarnation, the Patient is now to be kept very quiet & upon a low diet & the Belly kept Laxative by Glysters and every precaution used in Order to prevent the Inflammation rising too high

There

There is a particular Knife invented for dilating the parts in this Operation called the Blunt pointed Bistory

This Operation will often succeed if done before a Mortification is brought on It has been said that there is always a quantity of Water betwoen the Sack & Intestine and for that reason there will be no Danger of wounding the Intestine in Opening into the Sack but there is not Water here & we should Alway proceed with the greater Circumspection

The Manner of Opening the Dead & Method of Embalming

Its very much wished that the custom of Opening Dead bodies was more common as it would certainly give very great Insight into several Unknown Cases, and in Order to remove the great Aversion people have to it it sh.d be Always done in the neatest Manner

VVB) I make a Streight Incision from the Uper part of the Sternum down to the Navil Obliquely to the Groins, by this means we have an Opportunity of Examining all the Viscera in the Abdomen; in the right Hypocondrium lies the liver & Gall Bladder, in the left lies the Stomach & Spleen, and over the Intestines lies the Omentum, Part of the Smaller Intestines are generally found in the pelvis in wch lies the ~~Bolvis~~ Bladder & Rectum in Order! in

in Order to Examine the Contents of the Thorax
Dissect the Skin and Muscles from the Sternum
and fore parts of the ribs on each Side then
cut through all the Cartilages of Ribs pretty
close to the Ends of all the Ribs. then loosen
it from the ~~Diafragm~~ Diaphragm & Mediastinum
then Turn the Sternum on y^d faces.
In the Cavity of the Thorax are the Lungs
Heart and large Vessels Oesophagus &
Trachea. the lungs very frequently adhere
to the pleura & that very often without any
Inconvenjency to the Patient

In Opening the Head we must make an
Incision from One Ear Opposite to the other
quite a cross the Vertex of ye Head to the other
Ear and then Dissect the Scalp from the
Cranium and turn it down over the Forehead
then Saw the Cranium quit round so we shall
have an Opportunity of Examining the brain
after that lay on the Piece of the Cranium &
Saw up the Scalp; when we have been Examined

The Contents of the Thorax & Abdomen we must support the Sternum by small Pieces of pasteboard, fastened to the Inside of the Ribs 3 or 4 on each Side, are Necessary, & in Order to Secure it more Effectually we may pass a ligature round the Cartaliges that were cut off with the Sternum and round the Pieces of pasteboard after this Sew up the ~~Abdomen~~ the Incision beginning at the Upper part passing the Needle from within outwards the most convenient Needle for this Business is the Glovers Needle, The Thread ought to be white and not too course.

Embalming at present is a Custom pretty much out of Use, but it is a very Ancient Custom & is still used for the Bodies of Kings & Many of the Nobility, the Use of Embalming is to Prevent Putrefaction, & is principally done by Odoriferous Substances as Oil & Rezin &c, the white Egyptian Mummy

is no more but the Body dries by the great heat of the sand in the deserts of Arabia

The Black Mummy is the Parts of the body perfectly mixt and dissolved in Rezin and oils

The Method of Embalming a body at Sea is this they take out the Viscera & fill the Cavities with some common Aromatics after which they fill up the body with Pitch and Tar then wrap it up in Turpentine and it will keep a long time.

The Expence of Embalming one of the Royal familly does not Exceed 70 Pounds.

In order to Embalm a dead body the Viscera are first taken out the best way of doing this is to open the whole length of the Abdomen and then take out the Viscera not only of the Abdomen but Also the Thorax then wash all the parts very Clean dry & wash them again with the Spirit marked

The Cavities are to be filled up with the Powders Marked A D!

Thus having sewd up the ~~body~~ Wound wash the whole body with the Odiferous Oil Marked, E:

The brain is to be taken out by Opening the Cranium in the Common way then the Cavity is to be filled up with some the Powders, on which should be sprinkled some of the Odiferous oils, then take out the Eyes carefully without hurting ye Eyelids After washing the Cavities with Oil place a Nutmeg in Each Socket, after this you leave the body and wash ye Visera Clean & treat them in the same Manner Placing a quantity of the Coarser powder Round them in the Box you are then to Make several Deep Incisions into the Muscular parts of the body which are to be filled up with the Powder

The whole body be washed with Odiferous Oils

every part is to be Rolled up & Seperately
The Rollers being spread with the Cerate.
The face is to be covered with a piece of fine
Linnen spread with the same Cerate.
the Head is to be Rolled first all over; then
this the body and Limbs are to be Rolled with
Clean Rollers and tied up in a sheet, but this
is a very Expencive way of Embalming fit
only for Kings &c.

Mr. Watson thinks a
young Child may be preserved very well
by Injecting the Vessels with the Common
Injection and the Face may be made
Red with Vermillion put into the Injection

The Cavities are to be filled up in
the Manner before mentioned

The Medicines for Embalm.

94 The Medicines for Embalming.

The Powders as Marked A

℞: Flor: Lavend: Rorismar: aa ℔ss

Rad Callam Aromatic ℔iijss

Styrac: Calamin

Myrrh

Aloes

Benzoin

Cort Sassfras aa ℔ij

Nuc: Mosch

Caryophilor

Macis

Cinnamon aa ℥iij. M. f. Pulv. Crass

The Powder Mark'd D

℞: Flor Lavendul.

Rorismar

Macad. Arabic

Semid Abrotanum

~~Styrac~~ ~~Calam~~ n.

Rad

℞ Rad Calomus Aromatic
Lign: Aloes ℔ ss aa ℥iij
Gum Styraca
Myrrh
Aloe Socotr.
Benzoin
Cortex Sassafras
Thus ℔ ss aa ℥ss
Nuc: Moscht
Macis
Caryophilor
Cinnam ℔ ss aa ℥ss M. f. Pul Crass

The Spirits for Embalming as Marked B

℞ Aqua Ambergris
Rosemar ℔ ss aa ℥iij Misce

The

The Oils for Embalming

℞: Ol: Thymi Naphtha ℥iij
Cinnam. ℥ij
Rhodij aa ℥iss
Caryophyllor ℥ss
Ambergris ℈ij & Spt: Ambergris ℥jss

Misce: for use

The Cerat for Embalming

℞ Resin flav lbx
Sew: Suet
Cera flav aa lbij
Pic: Burgund lbss
Pul Iruge: Aris ℥ij Pul.

Cerat ℞ S: A.

Finis

Lewes: Venerea

The Venerial contagion is of so gross a Nature that it requires an immediate contact to mix its Parts with the Fluids, & Vitiate their Texture. for whenever a particle of this Contagion is communicated from the body of an Infected Person to one that is Sound, either by contact of the Parts of Generation by Sucking, Kissing or mixing their Saliva. it begins first to shew its Effects upon the part to which it is communicated sooner or later accord.g to the different Nature of the Part and its Juices. with the Strength or Quantity of the Contagion its self, and the Patients Habit & Course of Life.

The Infection first appears by a Slight Inflamation & Itching, which by degrees Ulcerates, Spreads & affords a particular kind of Matter, of a greenish Yellow colour, proving inflexible to the common Medicines used in other Ulcerations. therefore it may be distinguished into Topical, where the Matter being Lately Rec.d, is as yet only confined to the Part primarily affected, and

And Universal or confirmed where the Matter is spread throughout the whole or greatest part of the Habit in General. hence it appears that the disease may be defined in general a contagious Inflamation & Ulceration of a Particular kind. wch naturaly leads us to treat this disorder as an Inflamation at first, but afterwards to have particular regard to the Virus or Contagious Effect wch the first Method is to discharge the Virulency & prevent the spreading Contagion by a Cooling Purge of Salts and Manna or Rhubarb & bleeding in full Habits: & in summer time joind with Abstinence & a plentiful use of Gin and water Brandy & Water or any other thin Liquors. add to this Cooling regimen repeated warm bathing the parts with Milk & Water with the use of the following Injection

℞ Pulv: Cerus: ℈ iij Camphor gr. v, Vitriol Alb gr. x Calomel ℈ss ℥ss Aq: Font: ℥viij M: f: Injectio

In the last Spec: of the Gonorrhoea. the cure it must be owned is much more difficult. here it will be necessary to give the following Pill

℞: Merc: Imot: flav: ℥ss Camphor di Jere bend in Mortar: Marmor: deind: add Pil Coloenth c Aloe ℥ss make 30 pills of this Mass and take one every Night.

Sweet Oil Injected is also necessary & if a Bubo comes on bathing it with Olive Oil Immediately Relieves that Complaint & taking a few drops of Laudanum when going to Rest always will Wash the urethra with a Mixing before Injection. (℞) that is Make Water first & use the Injection 3 times a Day